

DEPARTMENT OF THE ARMY  
MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7040

MEDDAC Memorandum  
No. 420-6

27 December 2004

Facilities Engineering  
BUILDING/FLOOR SPACE ASSIGNMENT AND UTILIZATION

	PARA	PAGE
HISTORY -----	1	1
PURPOSE -----	2	1
SCOPE -----	3	1
REFERENCES -----	4	1
INTERNAL CONTROL SYSTEMS -----	5	2
RESPONSIBILITIES AND PROCESURES FOR OBTAINING ADDITIONAL BUILDING/FLOOR SPACE -----	6	2
RESPONSIBILITIES AND PROCEDURES FOR TURN IN OF BUILDING/FLOOR SPACE -----	7	3
GENERAL REQUIREMENTS-----	8	4
APPENDIX A - RELOCATION WORK ORDER -----		A-1
APPENDIX B - FH FORM 190-15-R-E -----		B-1

1. HISTORY: This is the first printing of this publication.
2. PURPOSE. To establish a procedure for the assignment and utilization of building/floor space within the United States Army Medical Department Activity (USA MEDDAC), Fort Huachuca, Arizona.
3. SCOPE. This memorandum is applicable to all personnel assigned or attached to the USA MEDDAC, Fort Huachuca, AZ, and all buildings to include outlying clinics that come under the command and control of the MEDDAC Commander.
4. REFERENCES.
  - 4.1 PAM 402-10, Space Management
  - 4.2 MEDDAC Memo 15-1, Boards, Commissions, and Committees
5. INTERNAL CONTROL SYSTEMS. This regulation is not subject to the requirements of AR 11-2 as it contains no internal control provisions.

## **6. RESPONSIBILITIES AND PROCEDURES FOR OBTAINING ADDITIONAL BUILDING/FLOOR SPACE.**

**6.1** Preparing Requests for Additional Building/Floor Space: Using activities will forward requests for additional building/floor space by memorandum through the chief of their department/division/service to the Chief, Logistics Division, USA MEDDAC, Fort Huachuca, Arizona. The request will contain the following information:

**6.1.1** The requested amount of square footage, the room number, or the building required.

**6.1.2** The requested telephone and automation support required to sustain mission.

**6.1.3** The date of the requirement.

**6.1.4** The proposed utilization.

**6.1.5** Pertinent reasoning why the requirement cannot be covered from current building/floor space allocations.

**6.2** Evaluation of Requests for Additional Building/floor Space: The Chief, Logistics Division will:

**6.2.1** Maintain records of MEDDAC building/floor space assignment.

**6.2.2** Evaluate all requests received from MEDDAC staff to determine the validity of each request and the feasibility of space utilization study preparation.

**6.2.3** Coordinate all requests for an increase or reassignment of buildings and areas with all affected areas/offices during study preparation.

**6.2.4** Forward copies of requests to the Information Management Division (IMD) so that proper documentation is available in regards to telecommunications and automation for the Space Program and Budget Advisory Committee (PBAC).

**6.2.5** Prepare recommendations for the Space PBAC's review and evaluation and final recommendation to the MEDDAC Commander in accordance with MEDDAC Memorandum 15-1.

**6.3** Review and Approval/Disapproval of Requests for Additional Building/Floor Space. The Chief, Logistics Division will submit the final recommendations of the Space Program and Budget Advisory Committee to the MEDDAC Commander for review and approval/disapproval action.

**6.4** After-Approval/Disapproval Action Requirements:

**6.4.1** The Chief, Logistics Division will notify the requesting activity of space allocation approval/disapproval.

**6.4.2** If the request is approved, the Chief, Logistics Division will ensure a correct building/facilities inventory is maintained by Logistics Division. This will also ensure housekeeping services are provided.

**6.4.3** The Chief, Mobilization, Education, Training and Security (METS) will ensure key accountability is accurate.

**6.4.4** The Information Management Division will ensure required computer and telephone lines are available.

**6.5** MEDDAC activities assigned buildings will place a Fort Huachuca Form 190-15-R-E on the entrance door of each building. The form will be completed showing:

**6.5.1** The building number.

**6.5.2** The building fire warden and his/her duty phone.

**6.5.3** The unit fire marshal and his/her duty phone.

**6.5.4** The key custodian's title and his/her duty phone.

**6.5.5** The key custodian's after-duty phone (NOTE: This will be the RWBAHC AOD, 533-2963).

**6.5.6** The activity to which the building is currently assigned.

**7. RESPONSIBILITIES AND PROCEDURES FOR TURN IN OF BUILDINGS/FLOOR SPACE.**

**7.1** Using activities will forward a memorandum through the chief of the applicable department/division/ service to the Chief, Logistics Division, which will include applicable area designation or buildings to be turned in, the availability date, and the keys that will be turned in to the Chief, Mobilization, Education, Training, and Security Division.

**7.2** The Chief, Logistics Division will notify the Chief, Resource Management Division of proposed release of buildings and/or facilities not less than 24 hours prior to the scheduled release.

**7.3** All MEDDAC activities who have signed or are hand receipted for buildings and facilities will obtain clearance from the Logistics Division before they can be released from responsibility for the building and the hand receipt signed over to Logistics Division.

**7.4** The Chief, Logistics Division will secure all vacated buildings/rooms and ensure the building/facilities inventory reflects correct assignments. A FH Form 190-15-R-E will be posted on the entrance door reflecting the information in paragraph 6.5-6.5.6 above with Logistics Division as the assigned activity and key custodian for that building.

**7.5** The Chief, Logistics Division will annotate building/floor space records and, when appropriate, recommend reassignment action.

## **8. GENERAL REQUIREMENTS:**

**8.1** MEDDAC department/division/service chiefs and other separate major activities will:

**8.1.1** Ensure all requests for additional space or requests for space turn-in are routed through their office for comment and information.

**8.1.2** Ensure proper and full utilization of all building/floor space currently allocated to them.

**8.1.3** Notify the Chief, Logistics Division of all building/floor space requirements and/or turn-ins associated with transition to the new hospital facility.

**8.1.4** Report to the Chief, Logistics Division any building or floor space excess to current requirements.

**8.2** The Chief, Logistics Division will periodically verify building and area space utilization.

The proponent of this publication is the Chief Logistics, USA MEDDAC. Users are invited to send comments and suggested improvements on DA Form 2028 directly to CDR, USA MEDDAC, ATTN: MCXJ-LO, Fort Huachuca, AZ 85613.

FOR THE COMMANDER:

OFFICIAL:

NOEL J. CARDENAS  
MAJ, MS  
Deputy Commander for  
Administration

ROBERT LAKE  
Information Management Officer

DISTRIBUTION: A

# APPENDIX A RELOCATION WORK ORDER (front)

<b>RELOCATION WORK ORDER</b>		
CLINIC/OFFICE:		ACTION OFFICER:
Action Officer Phone#(s):	Action Officer Beeper #:	Proposed Move Date:
New Location:		Old Location
Movement Control Number (Assigned by Space Committee):		
<b>LOGISTICS DIVISION</b>		
Movement Control Number (Assigned by Space Committee):		
Date Approved:	Date Returned to Action Officer:	
Estimated Total Cost of Move (Total estimates from FMB and IMD): \$		
<b>FACILITY MANAGEMENT BRANCH CHECK LIST</b>		
**NOTE: FMB requires a minimum of 4 weeks advance notice of move in order to accomplish all possible required actions on customer requests.		
Is the move within building 45001? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what building?		
<b>1. CADD DRAWINGS</b>		
Has a written request for a CADD drawing been requested from FMB? <input type="checkbox"/> YES Date: <input type="checkbox"/> NO		
Note: Check location of utilities (electric, water, phones) shown on CADD drawing. Clearly detail any necessary changes on CADD drawing and submit to FMB.)		
<b>2. LOCKS</b>		
Type: CARD KEY Are new locks needed? <input type="checkbox"/> YES, How many: <input type="text"/> <input type="checkbox"/> NO		
Are any keys missing: <input type="checkbox"/> YES What are the numbers: <input type="text"/> <input type="checkbox"/> NO		
(Note: Requests must be routed through METS for authorization before FMB can support customer lock requests)		
<b>3. SIGNS</b>		
Customers must provide a detailed list that includes sign size, location, content, correct spelling and other descriptive and pertinent information. It is recommended that customers provide sketches detailing special signs needs. If signs need to be removed, the removal date has been scheduled with FMB for :		
<b>4. ESTETICS</b> Painting <input type="checkbox"/> YES <input type="checkbox"/> NO Floor cleaning <input type="checkbox"/> YES <input type="checkbox"/> NO Type of floor: <input type="text"/>		
Do personal and/or professional items need hanging or removed? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
POC: <input type="text"/> Phone # <input type="text"/> Room Number(s) <input type="text"/>		
<b>5. HOUSEKEEPING</b>		
Will this move alter housekeeping services: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN (contact FMB for guidance)		
<b>6. SPACE USE</b>		
Are new areas going to be used for a purpose other than original intent (i.e., patient room will now be used for office space)? If so, what type of changes are needed (by room number)?:		
<b>7. SAFETY OFFICER</b> Date walk through with Safety Officer scheduled (3-5909): <input type="text"/>		
<b>8. MANPOWER</b> - Contact 1SGT at 3-8364 Manpower to move furniture and boxes coordinated through <input type="text"/> for Date: <input type="text"/>		
For answers to questions, please contact the Chief, Facilities Management Branch, 3-9028.		
<b>EQUIPMENT MANAGEMENT BRANCH CHECK LIST</b>		
Medical Equipment	Property Accountability	
New Location:	New Phone Numbers:	
Electrical Requirements:	New Section/Department Name:	
Voltage:	Requirements for new hand receipt:	
AMPS:		
Water:	Requirements for new equipment:	
Hot:		
Cold:		
Medical Gases:	Changes in furniture requirements:	
Oxygen:		
Vacuum:	Turn-in of Excess property:	
Med Air:	Hand Receipt Number:	
Nitrous:		

RWBAHC FORM 530, 1JAN 05

## RELOCATION WORK ORDER

Medical Materiel Branch Check List			
Current Supply Room #:	Future Supply Room #:	Current Linen Storage Room #:	Future Linen Storage Room #:
Shelving Issues:	Security Issues: (Coordinated with METS):	SSSC Storage area adequate?	
Coordinate use of dollies, etc, necessary?		Notified Medical Materiel Branch of movement date? Date:	
(When closing a supply area only) Scheduled date of final walk through of supply areas with Materiel Management.			
Branch:		POC:	
Military & Civilian Personnel Check List			
Pre-move coordination with Chief, Human Resources Division:		Date:	
Union coordination completed: Date:		Rating scheme reviewed: Date:	
Information Management Division Check List			
TELEPHONE LOCATION FROM (Include ALL Existing Room and Phone Numbers) (Use additional sheets of paper if necessary)(Est. \$150 per phone drop)			
Room #	Current Occupant/Use	Phone Type	Single/Multi Line Existing Jack
TELEPHONE LOCATION TO (Include ALL Future Room Numbers)			
Room #	Proposed Occupant/Use	Phone Type	Single/Multi Line Existing Jack
LOCAL AREA NETWORK (LAN) (Est. \$450 per additional drop)			
Room #	Current #	# Required	# Available

APPENDIX B  
FH Form 190-15-R-E

<b>BUILDING, FACILITY, OR EQUIPMENT EMERGENCY NOTIFICATION DATA</b> <b>(FH REG 190-11)</b>	
<p style="text-align: center;"><b>PRIVACY ACT DATA</b></p> <p>AUTHORITY: 10 USC 3012. PURPOSE: To provide data identifying responsible persons to contact in case of emergencies. ROUTINE USE: Used by police or other emergency service personnel to provide protective services to buildings, facilities, or equipment. DISCLOSURE: Voluntary. Individuals listed below have given consent for publishing their names and home phone numbers on this card. Information collected will be posted on the exterior of buildings, facilities, or equipment.</p>	
UNIT OR ACTIVITY AND BUILDING, FACILITY, OR EQUIPMENT NUMBER:	
Responsible Individual	Home Telephone
Responsible Individual	Home Telephone
Responsible Individual	Home Telephone
Responsible Individual	Home Telephone

FH FORM 190-15-R-E  
1 MAR 97

REPLACES FH FORM 1021-R. 1 DEC 91, WHICH IS OBSOLETE